

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant(s):	Dhar Solanki et al.	:
		:
		: Art Unit: 3626
Serial No.:	10/677,930	:
		:
		: Examiner: Rapillo, Kristine K
Filed:	October 2, 2003	:
		:
For:	SYSTEMS AND METHODS	:
	FOR QUOTING	:
	REINSURANCE	:

**Mail Stop: Amendment**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, VA 22313-1450**

**TRANSMITTAL**

1. Transmitted herewith is:  
Transmittal (3 pages)  
Amendment in response to Office Action dated July 8, 2009 (16 pages)

**STATUS**

2. Applicant  
☐ claims small entity status.  
☒ is other than a small entity.

**EXTENSION OF TERM**

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) ☒ Applicant petitions for an extension of time under 37 C.F.R. 1.136  
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
<input checked="" type="checkbox"/> first month	\$ 130.00	\$ 65.00
<input type="checkbox"/> second month	\$ 490.00	\$ 245.00
<input type="checkbox"/> third month	\$ 1,110.00	\$ 555.00
<input type="checkbox"/> fourth month	\$ 1,730.00	\$ 865.00
<input type="checkbox"/> fifth month	\$ 2,350.00	\$1,175.00
	Fee Due	<u>\$ 130.00</u>

If an additional extension of time is required, please consider this a petition therefor.

*(Check and complete the next item, if applicable)*

- ☐ An extension of \_\_\_\_\_ months has already been secured. The fee paid therefor \$\_\_\_ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$

**OR**

- (b) ☐ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

**FEE FOR CLAIMS**

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT	(Col. 2) HIGHEST NO. PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA	SMALL ENTITY ADDITIONAL RATE FEE	OR	OTHER THAN SMALL ENTITY ADDITIONAL RATE FEE
TOTAL	MINUS		=	x \$26.00 = \$		x \$52.00 = \$
INDEP.	MINUS		=	x \$110.00 = \$		x \$220.00 = \$
— FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ \$195.00 = \$		+ \$390.00 = \$
				TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$

- (a) ☒ No additional fee for Claims is required

**OR**

- (b) ☐ Total additional fee for claims required \$

**FEE PAYMENT**

5. \_\_\_\_\_ Attached is a check in the sum of \$\_\_\_\_\_
- ☒ Charge Deposit Account No. 01-2384 the sum of \$130.00  
A duplicate of this transmittal is attached.

**FEE DEFICIENCY**

6. ☒ If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

**AND/OR**

- ☒ If any additional fee for claims is required, charge Deposit Account No. 01-2384.
7. ☐ Other:

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